

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039926
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No.

Registrar's No. 461

FILED NOV 8 1962

VS 300
Rev. 4/59

1 0940

2 0138

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12 93-0

13 1-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Francois Township		c. CITY OR TOWN Poplar Bluff	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS (If outside, give location) 203 No. "B"	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSE Middle HENRY Last SHEARON		4. DATE OF DEATH Month October Day 14 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) store clerk & railroad worker		10b. KIND OF BUSINESS OR INDUSTRY Kentucky	9. AGE (last birthday) 75
13a. FATHER'S NAME Thomas Jefferson Shearon		13b. MOTHER'S MAIDEN NAME Anna Overfield	12. CITIZEN OF WHAT COUNTRY U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not a veteran		17. INFORMANT Address Records, State Hosp. #4, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction - - - - - immediate. DUE TO (b) Arteriosclerotic Heart Disease - - - - - Unknown. DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured rt. femur pinned 10-3-62, and Psychosis with cerebral arteriosclerosis.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Accidental fall on ward of mental hospital.			
20c. TIME OF INJURY Hour P. M. Month, Day, Year 9-30-62		20f. CITY, TOWN, OR LOCATION State Hospital No. 4, Farmington, Missouri	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Sept. 30, 1962 to Oct. 14, 1962 and last saw him alive on Oct. 14, 1962 Death occurred at 12:50 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS State Hospital No. 4, Farmington, Missouri	
22c. DATE SIGNED 10-15-62		23d. LOCATION (City, town, or county) (State) Dexter, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/16/62	
23c. NAME OF CEMETERY OR CREMATORY City Cemetery		23d. LOCATION (City, town, or county) (State) Dexter, Missouri	
24. FUNERAL DIRECTOR Rainey Funeral Home, Dexter, Mo.		25. DATE RECD. BY LOCAL REG. Oct. 15, 1962	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mesa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.